2007 CAP-MR/DD QUALIFCATIONS CHECKLIST

PROVIDER NAME	:	 	 <del></del>		
Control #s:		 	 	 	 

Requirement	Name								
* No minimal educational requirements for Personal Care or Respite.									
HS Diploma / GED*									
Before work:		,						,	<u>,                                      </u>
Alternatives to Restrictive Intervention									
Critical Employee training components									
Client Rights									
Confidentiality									
Bloodborne Pathogens									
Also:									
Supervision Plan									
Supervision Plan implemented									
Criminal Record (1/1/01)									
HealthCare Registry									
See Appendix L for Service Specific Requirements									
Enhanced Service's Training needs									